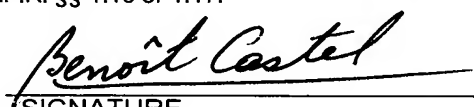


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                  |                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------|
| TRANSMITTAL LETTER TO THE UNITED STATES<br>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br>CONCERNING A FILING UNDER 35 U.S.C. 371                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                  | Attorney Docket No.<br><b>0508-1153</b><br>U.S. Application No.<br><b>107362680</b> |
| INTERNATIONAL APPLN. NO.<br><b>PCT/FR2004/001723</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | INTERNATIONAL FILING DATE<br><b>July 2, 2004</b> | PRIORITY DATE CLAIMED<br><b>July 4, 2003</b>                                        |
| TITLE OF INVENTION: <b>IONIC CONDUCTING GELS, PREPARATION METHOD THEREOF AND USE OF SAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                  |                                                                                     |
| APPLICANT(S) FOR DO/EO/US: <b>Andre VIOUX, Jean LE BIDEAU, Marie-Alexandra NEOUZE and Fabrice LEROUX</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                                                                                     |
| Applicant herewith submits to the United States Designated Elected Office (DO/EO/US) the following items and other information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                  |                                                                                     |
| <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)).<br/>The submission must include items (5), (6), (9) and (21) indicated below.</li> <li>4. <input checked="" type="checkbox"/> The US has been elected (Article 31).</li> <li>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2))           <ol style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> has been communicated by the International Bureau. See attached PCT/IB/308.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ol> </li> <li>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2))           <ol style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ol> </li> <li>7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3))           <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made, however, the time limit for making such amendments has NOT expired.</li> <li>d. <input type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).</li> <li>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4))</li> <li>10. <input type="checkbox"/> A Declaration of Inventorship for purposes of U.S.A. designation pursuant to rule 4.17(iv). ))</li> <li>11. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</li> </ol> <p><b>Items 12 to 23 below concern document(s) or information included:</b></p> <ol style="list-style-type: none"> <li>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) w/PTO-1449 - <input checked="" type="checkbox"/> Copy of IDS citations. - <input checked="" type="checkbox"/> PCT/ISA/210 International Search Report included</li> <li>13. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s)).</li> <li>14. <input checked="" type="checkbox"/> A preliminary amendment.</li> <li>15. <input checked="" type="checkbox"/> An Application Data Sheet under 37 C.F.R. 1.76.</li> <li>16. <input checked="" type="checkbox"/> Itemized Return Receipt Postcard</li> <li>17. <input checked="" type="checkbox"/> Abstract</li> <li>18. <input type="checkbox"/> A substitute specification.</li> <li>19. <input type="checkbox"/> Power of Attorney and Statement under 37 CFR §3.73(b)           <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed Power of Attorney</li> <li>b. <input type="checkbox"/> A change of Power of Attorney and/or change of address letter.</li> </ol> </li> <li>20. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825.</li> <li>21. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</li> <li>22. <input type="checkbox"/> A second copy of the English language translation of the international application (35 U.S.C. 154(d)(4)).</li> <li>23. <input type="checkbox"/> Other items or information: _____</li> </ol> |                                                  |                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |                                                                                                   |                                          |                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------|-------------------|
| U.S. APPLICATION NO. <b>10/562680</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | INTERNATIONAL APPLN. NO. <b>PC/FR2004/001723</b>                                 |                                                                                                   | ATTORNEY DOCKET NO. <b>0508-1153</b>     |                   |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br><input checked="" type="checkbox"/> The following fees are submitted:                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                  |                                                                                                   | <b>CALCULATIONS<br/>PTO USE ONLY</b>     |                   |
| <b>PCT FEES - NATIONAL STAGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                  |                                                                                                   |                                          |                   |
| <u>Fee Description</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                  |                                                                                                   |                                          |                   |
| Basic National Stage Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                  |                                                                                                   | <b>\$300.00</b>                          |                   |
| Non ISA/US Search Provided                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | National Stage Search Fee                                                        |                                                                                                   | <b>\$400.00</b>                          |                   |
| <input type="checkbox"/> US was the IPEA And all claims satisfied the provisions of PCT Article 33 (1)-(4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | National Stage Examination Fee                                                   |                                                                                                   | <b>\$200.00</b>                          |                   |
| Surcharge of <b>\$130.00</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20- <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (Fee Code 1617/2617)                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                  |                                                                                                   | <b>\$130.00</b>                          |                   |
| National Stage Application size fee each additional 50 sheets in excess of 100<br>Fee Code 1681/2681                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Additional Sheets<br><b>22 - 100 =</b> <u>50</u> <b>=</b> <u>      </u> <b>X</b> |                                                                                                   | Fee From Below<br><u><b>\$250.00</b></u> | <b>\$0.00</b>     |
| <b>CLAIMS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | NUMBER FILED<br>1 - 3 =                                                          | NUMBER EXTRA                                                                                      | RATE<br>x \$100.00                       |                   |
| Independent Claims Fee Codes 1614 / 2614                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                  |                                                                                                   | <b>\$0.00</b>                            |                   |
| Total Claims Fee Codes 1615 / 2615                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 26 - 20 =                                                                        | 6                                                                                                 | x \$50.00                                | <b>\$300.00</b>   |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable) Fee Code 1616 / 2616                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                  |                                                                                                   | + \$360.00                               | <b>\$0.00</b>     |
| Processing fee of <b>\$130.00</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). Fee Code 1618                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                  |                                                                                                   | <b>\$0.00</b>                            |                   |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). (Fee code 8021)<br><b>\$40.00</b> per property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                  |                                                                                                   | +                                        | <b>\$0.00</b>     |
| <b>TOTAL FEES ENCLOSED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                  |                                                                                                   | <b>=</b>                                 | <b>\$1,330.00</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |                                                                                                   | Amount to be refunded:                   | \$                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                  |                                                                                                   | Charged:                                 | \$                |
| <input checked="" type="checkbox"/> A check in the amount of <b>\$1,330.00</b> to cover the above fees is attached.<br><input type="checkbox"/> The Director is hereby authorized to charge indicated fees and credit any overpayment to Deposit Account No. 25-0120 in the name of Young & Thompson. A duplicate copy of this sheet is enclosed.<br><input checked="" type="checkbox"/> The Director is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 25-0120 for any additional fee required under 37 C.F.R. §§ 1.16 or 1.17. |  |                                                                                  |                                                                                                   |                                          |                   |
| SEND ALL CORRESPONDENCE TO:<br>YOUNG & THOMPSON<br>745 South 23 <sup>rd</sup> Street<br>Arlington, VA 22202<br>Telephone: (703) 521-2297<br>Facsimile: (703) 685-0573                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                  | <br>SIGNATURE |                                          |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                  | Benoit Castel, Reg. No. 35,041<br>NAME, REGISTRATION NUMBER                                       |                                          |                   |
| Y&T Customer No. <b>00466</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                  | December 28, 2005                                                                                 |                                          |                   |
| BC/yr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                  | DATE                                                                                              |                                          |                   |